



AODA CUSTOMER FEEDBACK FORM RECORD OF VERBAL COMPLAINT

made pursuant to the provisions of the **Residential Tenancies Act, 2006**, S.O. 2006, c.17 (hereinafter the "R.T.A.") and the **Accessibility for Ontarians with Disabilities Act, 2005**, S.O. 2005, c. 11 (hereinafter the "AODA") This AODA Customer Feedback Form is © Federation of Rental-Housing Providers of Ontario, 2011

PERSON RECORDING COMPLAINT: _____ DATE OF COMPLAINT: _____

LOCATION OF INCIDENT: _____ DATE OF INCIDENT: _____

COMPLAINANT: Tenant Occupant Prospective Tenant Guest Other: _____

COMPLAINANT CONTACT INFORMATION (OPTIONAL):

Name: _____ Phone Number: _____

E-Mail: _____ Fax Number: _____

Address: _____

(Unit No.)

(Street Address)

(City)

(Province)

(Postal Code)

Details of the Complaint: *Please attach additional sheets if required.*

Details of Follow-up with Complainant:

Further Action to be Taken:

RECORD OF VERBAL COMPLAINT RECEIVED BY AODA COMPLIANCE OFFICER ON: _____